



## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

05/18/2006

Melissa E. Buss  
Office of Intellectual Property Counsel  
3M Center, Bldg. 220-11W-01  
P.O. Box 33427  
St. Paul, MN 55133-1000

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Colleen M. Wagner	(Depositor's name)
Colleen M. Wagner	(Signature)
August 18, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/705,677

11/10/2003

Seth A. Liefkort

59361US002

4649

TITLE OF INVENTION: SYSTEM FOR DETECTING RADIO-FREQUENCY IDENTIFICATION TAGS

08/18/2006 CNGUEN1 00000038 133723 10705677

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$300

08/21/2006 CNGUEN1 00000137 133723 000610705677

EXAMINER	ART UNIT	CLASS-SUBCLASS
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TANG, SON M

2612

340-572100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Melissa E. Buss

2.

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

3M Innovative Properties Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Paul, MN USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 3

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Melissa E. Buss

Date

August 17, 2006

Typed or printed name

Melissa E. Buss

Registration No.

47,465

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# **FACSIMILE TRANSMITTAL FORM**

<b>FACSIMILE TRANSMITTAL FORM</b>	Application Number	10/705677
	Confirmation Number	4649
	Filing Date	November 10, 2003
	First Named Inventor	Lieffort, Seth A.
	Examiner Name	Son M. Tang
Fax: 571-273-2885	Attorney Docket Number	59361US002
Total Number of Pages in This Submission: 3		
Date: August 18, 2006	Attorney for Applicant: Melissa E. Buss	

<b>ENCLOSURES (check all that apply)</b>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Amendment Transmittal	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to Technology Center (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR § 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts under 35 USC 371 in US Designated/ Elected Office (DO/EO/US)	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> Request for Continued Examination (RCE) Transmittal	
<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Communication to Technology Center	
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